

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make DC Listen		FEC IDENTIFICATION NUMBER ▼ C C00570739	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mustard Seed Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 107 S West St, #809		Amount 225.00	
City Alexandria	State VA	Zip Code 22314-2824	Transaction ID : EEE68A288EC83462D85D
Purpose of Expenditure Email Marketing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		170721.76	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Thomas Graphics, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address PO Box 142226		Amount 2039.68	
City Austin	State TX	Zip Code 78714-2226	Transaction ID : E11AC7181875E40B8B7D
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		182502.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2264.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
04 / 19 / 2016

Signature

: 97 'A -G7 9 @ @ B9 CI G 'H9 LH 'F9 @ H98 'HC '5 'F9 DCFH ZG7 <98 I @ 'CF 'H9 A -N5 HCB
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Form/Schedule: F24N

Transaction ID :

The independent expenditures listed in this 24 Hour Notice Filing were all for expenditures of communications and items that were disseminated nationally and equally distributed among the states. While these communications were not targeted for a particular state, they fell within the 24-HR reporting period for CT, DE, MD, PA, RI, IN and WV.

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Make DC Listen	FEC IDENTIFICATION NUMBER ▼ C C00570739
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Publishing			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016		
Mailing Address 300 New Jersey Ave NW, Ste 500			Amount 537.00		
City Washington	State DC	Zip Code 20001-2253	Transaction ID : E1C7CEF46FFE349FD9CE		
Purpose of Expenditure Email Marketing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Shirazcorp.com			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016		
Mailing Address 1521 Concord Pike, Ste 301			Amount 1042.50		
City Wilmington	State DE	Zip Code 19803-3644	Transaction ID : E57B2F5FC6E16425085F		
Purpose of Expenditure Email Marketing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1579.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Paul Kilgore

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Full Name of Payee Thomas Graphics, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016		
Mailing Address PO Box 142226			Amount 8162.05		
City Austin	State TX	Zip Code 78714-2226	Transaction ID : EFFFDDDB21AFE94E13BAI		
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT		
Calendar Year-To-Date Per Election for Office Sought		182502.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8162.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12006.23

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